

POSITION	ID NO.	DATE
CLASSIFIER	25	7-23-94
EXAMINER	434	7-20-94
TYPIST	21	8/1/94
VERIFIER	314	8-1-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	7/28/94
2	7/28/94
3	7/28/94
4	7/28/94
5	7/28/94
6	7/28/94
7	7/28/94
8	7/28/94
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SYMBOLS

✓	Rejected
-	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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52	
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